| BEST | AVAI | LABLE | COE. |
|------|------|-------|------|
|      |      |       |      |

| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004  |                          |   |   |                                   |              |                                  | Application or Docket Number |                     |                        |                            |              |                                       |
|---|--------------------------|---|---|-----------------------------------|--------------|----------------------------------|------------------------------|---------------------|------------------------|----------------------------|--------------|---------------------------------------|
| CLAIMS AS FILED - PART I  |                          |   |   |                                   |              |                                  | SMALL ENT                    | IITY                | OR                     | OTHER<br>SMALL             |              |                                       |
| U.S. NATIONAL STAGE FEES  |                          |   | (Column 1)  |                                   | Γ '          | (Column 2)                       | 1                            | RATE                | <br>                   | 1                          |              | <del></del>                           |
| BASIC FEE   |                          |   | SMALL FAIT  |                                   | 145          | 25 EUT - 4 222                   |                              |                     | FEE                    |                            | RATE         | FEE                                   |
|   |                          |   | SMALL ENT. = \$ 150  Satisfies PCT Article 33(1)- |                                   |              | GE ENT. = \$ 300                 |                              | BASIC FEE           | 150                    | OR                         | BASIC FEE    |                                       |
| EXAMINATION FEE   |                          |   | (4) = \$50/\$100<br>U.S. is ISA = \$50/\$100      |                                   |              | 100 / \$ 200                     |                              | EXAM. FEE           | 100                    |                            | EXAM. FEE    | <u> </u>                              |
| SEARCH FEE  |                          |   | ALL other countries = \$ 200 / \$ 400             |                                   | i .          | ther situations = 5 250 / \$ 500 |                              | SEARCH FEE          | 50                     |                            | SEARCH FEE   |                                       |
| FEE FOR EXTRA SPEC. PGS.  |                          |   | minus 100 =                                       |                                   | / 50 =       |                                  | ı                            | X \$ 125 =          |                        |                            | X \$ 250 =   |                                       |
| TOTAL CHARGEABLE CLAIMS   |                          |   | / ) minus 20 =                                    |                                   | *            |                                  |                              | X \$ 25 =           |                        | OR                         | X \$ 50 =    |                                       |
| INDEPENDENT CLAIMS  |                          |   | $\mathcal{Q}_{m}$                                 | inus 3 =                          | *            |                                  | I                            | X \$ 100 =          |                        | OR                         | X \$ 200 =   |                                       |
| MUL   | TIPLE DEPEN              | DENT CLAIM PRI                            | ESENT ,   |                                   |              |                                  | ı                            | + \$ 180 =          |                        | OR                         | + \$ 360 =   |                                       |
| * If  | the difference           | in column 1 is                            | less than zero                                    | , enter "C                        | )" in co     | olumn 2                          | L                            | TOTAL               | 300                    | OR                         | TOTAL        |                                       |
|   | CLAIMS AS AMENDED - PART |   |   |                                   |              |                                  | Г                            | SMALL E             |                        | OTHER THAN OR SMALL ENTITY |              |                                       |
| NT A  |                          | REMAINING<br>AFTER<br>AMENDMENT           |   | NUMI<br>PREVIO<br>PAID            | DUSLY        | PRESENT<br>EXTRA                 |                              | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE         | ADDI-<br>TIONAL<br>FEE                |
| AMENDMENT   | Total                    | *   | Minus   | **                                |              | =                                |                              | X \$ 25 =           |                        | OR                         | X \$ 50 =    | 1                                     |
| AME   | Independent              | *   | Minus   | ***                               |              | =                                |                              | X \$ 100 =          |                        | OR                         | X \$ 200 =   |                                       |
|   | FIRST PRES               | ENTATION OF M                             | ULTIPLE DEPE                                      | NDENT (                           | CLAIM        |                                  | Ī                            | + \$ 180 =          |                        | OR                         | + \$ 360 =   |                                       |
|   |                          |   |   |                                   |              |                                  |                              | TOTAL ADDIT.        |                        | OR                         | TOTAL ADDIT. |                                       |
|   |                          | (Column 1)                                |   | (Colun                            | nn 2)        | (Column 3)                       |                              | -                   |                        |                            | ,            |                                       |
| NT B  |                          | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGHI<br>NUME<br>PREVIO<br>PAID I | BER<br>DUSLY | PRESENT<br>EXTRA                 |                              | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE         | ADDI-<br>TIONAL<br>FEE                |
| IDME  | Total                    | *   | Minus   | **                                |              | =                                |                              | X \$ 25 =           |                        | OR                         | X \$ 50 =    |                                       |
| AMENDMENT   | Independent              | *   | Minus   | ***                               |              | =                                |                              | X \$ 100 =          |                        | OR                         | X \$ 200 =   | · · · · · · · · · · · · · · · · · · · |
| `   | FIRST PRES               | ENTATION OF M                             | ULTIPLE DEPE                                      | NDENT C                           | CLAIM        |                                  | Ī                            | + \$ 180 =          |                        | OR                         | + \$ 360 =   |                                       |
|   |                          |   |   |                                   |              |                                  | ۲.                           | TOTAL ADDIT.<br>FFF |                        | OR                         | TOTAL ADDIT. |                                       |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                          |   |   |                                   |              |                                  |                              |                     |                        |                            |              |                                       |